STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER		2. DATE
The Corsica Globe		9-17-24
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE $
Weekly	50	45.00 in / 50.00 out

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
PO Box 45 Corsica, Douglas County SD 57328-0045

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
PO Box 45 Corsica Douglas County SD 57328-0045

6. FULL NAME OF PUBLISHER:
Gerri Kaye Hert

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME — COMPLETE MAILING ADDRESS

Back Page

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	500	450
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	50	50
2. Mail Subscription (Paid and or requested)	435	353
3. Paid Electronic Copies	0	0
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	485	403
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	485	403
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	15	47
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	500	450

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

Pres/Pres
(Title)

State of South Dakota)
County of Douglas)

GERRI K OLSON Seal Notary Public South Dakota

Sworn to before me this 17 day of Sept, 2024

Notary Public

My commission expires: Aug 2026

(Seal)